

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER ELIZABETHAN GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 1812 NEW TOWN ROAD MONROE, NC 28110		
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on November 5, 2015. Records indicate that this facility was licensed on November 1, 1971. The facility is currently licensed for 100 residents. Therefore, we are requiring the facility to meet the 1971 Rules for Homes for the Aged, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1967 Edition Volume I of the North Carolina State Building Code-Section 516-Institutional Occupancies. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 1. Based on observation, the Building did not meet the NC State Building Code at the time of initial Licensing by not have adequate fire detection. This would affect all residents, staff and visitors by not providing early detection and alarming. Findings on November 5, 2015: a. There was no fire alarm detection in the large pantry in the Kitchen. b. There was no fire alarm detection in the Freezer Room c. There was no fire alarm detection in the connecting corridor between Kitchen and Freezer.	C 101		
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on November 5, 2015: a. Chapel exterior exit blocked with an organ and the room occupancy is larger than 49.	C 150		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

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C 164	Continued From page 2 FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in good repair. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair. Findings on November 5, 2015: a. "E" Wing Resident Women Bath - the light fixture was missing its globe. b. Exit near Bedroom 15 - the floor tile was broken. c. Kitchen -the ice machine drain was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Building plumbing	C 166		

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C 166	Continued From page 3 equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on November 5, 2015: a. In the "E" Wing Resident Women Bath's the commode seat was loose. b. In the "E" Handicapped Bathroom the commode seat was loose. c. In the "E" Handicapped Bathroom the commode was missing its tank lid.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on November 5, 2015: a. Throughout the building, there was no documentation of the portable fire extinguisher's monthly inspections since the annual maintenance,	C 183		
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT	C 185		

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C 185	Continued From page 4 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on November 5, 2015: a. The facility utilizes three working shifts daily and there were no records of first, second, and third shift rehearsals for the fourth quarter, b. The fire plan rehearsal records provided no description of what the rehearsal involved,	C 185		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.	C 189		

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C 189	<p>Continued From page 5</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, and activating a smoke detector the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on November 5, 2015:</p> <p>a. "A" Wing - the audible and visible devices did not function when the fire alarm system was activated.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors protecting the opening in the Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on November 5, 2015:</p> <p>a. In the firewall separating "A" & "B" Wings, the right leaf of the cross-corridor doors did not latch when the fire alarm system released the doors.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on November 5, 2015:</p> <p>a. In the middle of "A" hall the back leaf, of the double-egress cross-corridor doors near</p>	C 189		

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C 189	<p>Continued From page 6</p> <p>Bedroom A22, did not latch when the fire alarm system released the doors.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on November 5, 2015: a. Exit near Bedroom A32 - the exit sign did not work on backup power when tested.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on November 5, 2015: a. In the "E" Wing Nurse Station the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed. b. In the "A" Wing near Bedroom A26 the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed.</p> <p>6. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on November 5, 2015:</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>a. Basement, Storage room of Main Room - there were gaps around cables that penetrate through the fire-resistance-rated ceiling assembly.</p> <p>b. "A" Wing Aid Station - there were gaps around a one inch PVC conduit that penetrate through the fire-resistance-rated ceiling assembly.</p> <p>c. "A" Wing Exterior Mechanical Room - the fire-resistance-rated ceiling assembly had lots of penetrations including no flanges around HVAC duct penetrations.</p> <p>d. "D" Wing Sitting Room, there were gaps around an eyehook and two metal conduits that penetrates through the fire-resistance-rated ceiling assembly.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 5, 2015:</p> <p>a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in May 2015, there has been no record keeping of the monthly inspections.</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin.</p>	C 189		

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C 189	Continued From page 8 Findings on November 5, 2015: a. Corridor door to the "E" Wing Handicapped Bath was blocked open with a chair, b. Corridor door to Bedroom B3 was blocked open with a trash can, c. Corridor door to Bedroom A3 was blocked open with a trash can, d. Corridor door to Bedroom A32 was blocked open with a trash can. 9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on November 5, 2015: a. Corridor door to Bedroom D3 did not latch into its doorframe, b. Corridor door to Bedroom D5 did not latch into its doorframe because it had not latch bolt, c. Corridor door to Bedroom D6 did not latch into its doorframe. d. Corridor door to D Wing Men Bath did not latch into its doorframe. e. Corridor door to Bedroom D16 did not latch into its doorframe. f. Corridor door to Bedroom D17 did not latch into its doorframe. g. Corridor door to Bedroom D18 did not latch into its doorframe. h. Corridor door to B Wing Hall Ladies Bath had a retracted latch bolt, i. Corridor door to Bedroom B5 did not latch into its doorframe. j. Corridor door to Bedroom A22 did not latch into its doorframe.	C 189		

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C 189	<p>Continued From page 9</p> <p>k. Corridor door to Bedroom A21 did not latch into its doorframe.</p> <p>9. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal operating conditions. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on November 5, 2015:</p> <p>a. Corridor door to Bedroom B17 hits the doorframe preventing it from closing and latching without extra force</p> <p>b. Corridor door to Bedroom B1 hits the doorframe preventing it from closing and latching.</p> <p>11. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components fail to function as originally intended. This could affect all residents, staff and visitors if the door does not function properly and limits quick egress of the building. Findings on November 5, 2015:</p> <p>a. The Dining Room's right back exit door's leaf hits the canopy above, limiting the availability to open the leaf pass 70 degrees.</p> <p>12. Based on Observation, and interview with Administrator, the Building was not maintained accessible for inspection. This deficiency affects all residents, staff and visitors by not preventing any deficiency that may be discovered with inspections from being corrected. Findings on November 5, 2015:</p> <p>a. Upper floor apartment - there was no key onsite to allow access into this area,</p> <p>b. Office in "A" Wing - there was no key onsite</p>	C 189		

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C 189	Continued From page 10 to allow access into this area. 13. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on November 5, 2015: a. Little Office - eight portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to water temperature outside of the limits set in the Rule. Findings on November 5, 2015:	C 195		

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C 195	Continued From page 11 a. "E" Wing Resident Women Bath's sink had a hot water temperature of 92 degrees Fahrenheit. b. "B" Wing Ladies Restroom sink had a hot water temperature of 92 degrees Fahrenheit.	C 195		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors. Findings on November 5, 2015: a. Storage near Bedroom A31 - the local exhaust ventilation system was running, but did not remove the required amount of air to dissipate the odors.	C 199		